

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

|   | Excellent | Good | Average | Below Average | Poor | Not Applicable           |
|---|-----------|------|---------|---------------|------|--------------------------|
| 1. How well did we answer your questions about the proposed transportation project?                   | 5         | 4    | 3       | 2             | 1    | <input type="checkbox"/> |
| 2. How well did we explain the need for your property and the process used to purchase your property? | 5         | 4    | 3       | 2             | 1    | <input type="checkbox"/> |
| 3. Was the Right-of-Way Agent informed and responsive to your questions?                              | 5         | 4    | 3       | 2             | 1    | <input type="checkbox"/> |
| 4. Was the Right-of-Way Agent courteous and professional?   | 5         | 4    | 3       | 2             | 1    | <input type="checkbox"/> |
| 5. How would you rate the usefulness of the printed material provided by the Department?              | 5         | 4    | 3       | 2             | 1    | <input type="checkbox"/> |

Comments: \_\_\_\_\_

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

DEPT. OF TRANSPORTATION  
RIGHT-OF-WAY

FEB 18 2009

To be completed by NHDOT Right-of-Way Agent

Project Number: Alstead 14540M Parcel Number: \_\_\_\_\_

RECEIVED